

4-15-97 B-8352 C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000041972 (6)

1. Corporation Name
J & B PLANNING, INC.



Principal Place of Business 2420 ALBACA DR ORLANDO FL 32837	Mailing Address 2420 ALBACA DR ORLANDO FL 32837
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6648 Mission Club Blvd Suite, Apt. #, etc. 22 #307 City & State 23 Orlando, FL Zip 24 32821 Country 25 Orange		2a. Mailing Address 26 P.O. BOX 22200 Suite, Apt. #, etc. 27 City & State 28 Lake Buena Vista FL Zip 29 32830 Country 30 Orange		3. Date Incorporated or Qualified 05/06/1996	3a. Date of Last Report
				4. FEI Number 59-3378768	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TSUDA, SATORU
2420 ALBACA DR
ORLANDO FL 32837

10. Name and Address of New Registered Agent

81 Name	HIROKO TSUDA
82 Street Address (P.O. Box Number is Not Acceptable)	2420 Albaca Dr.
83	
84 City	Orlando
85 Zip Code	FL 32830

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Satoru Tsuda SATORU TSUDA 8/20/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TSUDA, SATORU	1.2 NAME	HIROKO TSUDA
STREET ADDRESS	2420 ALBACA DR	1.3 STREET ADDRESS	2420 Albaca Dr.
CITY-ST-ZIP	ORLANDO FL 32837	1.4 CITY-ST-ZIP	Orlando FL 32837
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Masami kawano
STREET ADDRESS		2.3 STREET ADDRESS	1709 CREOLE CT.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, FL 32818
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE HIROKO TSUDA HIROKO TSUDA
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

CR2E034 (4/97)